# 116000130451

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D. SCOTT JAN 5 2017

# **COVER LETTER**

Division of Co	rporations			
	TO SALES LLC			
SUBJECT:	Name of Limi	ite; Fiability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	LAMEC ANGELITO PEN	IA.		
	<del> </del>	Name of Person		
	C N L AUTO SALES LLC			
		Firm/Company	<del></del>	
	540 N. STATE ROAD 434	UNIT 56		
		Address		
	ALTAMONTE SPRINGS	FL 32714		
		City/State and Zip Code		
	CNLAUTOSALES@GMA			_
	E-mail address: (	to be used for future annual report notifica	tion)	, <b></b>
For further information	concerning this matter, please c	all:		复卫
CESAR FLETE ALMO	ONTE	917 412-2665 at ()		至上而
Name	of Person	Area Code Daytime To	elephone Number	FILEU SIAR
Enclosed is a check for	the following amount:		posts Park Park Park	) TT =
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is en	itus &

### MAILING ADDRESS:

3

TO:

Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

# STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C N L AUTO SALES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 7/11/2016 and assigned Florida document number L16000130451 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 3333 BROADWAY SUITE B13D Enter new mailing address, if applicable: NEW YORK, NY 10031 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LAMEC ANGELITO PENA	1972 LAKE HERITAGE APT 115	<b>■</b> Add
		ORLANDO FL 32839	□ Remove
		<del></del>	☐ Change
AMBR	CESAR FLETE ALMONTE	5947 WIND HOVER DR	
		ORLANDO FL 32819	Remove
			☐ Change
			□ Remove
			Change
			🗖 Add
			□ Remove
			☐ Change
			A A
		<del></del>	Remove T
			Change D
			Add
			☐ Remove
			Change

ffective date, if other than the date of filing:			<u></u>	
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Filing Fee: \$25.00